

Town of Randolph
Public Health Department
41 South Main Street
Randolph, MA 02368
(781)-961-0924

Permit Number: _____
Issued Date: _____
Permit Fee: \$500.00
Check #: _____

TOBACCO SALES PERMIT APPLICATION

MA Dept. of Revenue Tobacco License #:

Business Name & Address:

Mailing Address (if different):

Phone:

Fax:

Owner/Operator:

New Owner: ☐ YES ☐ NO

Address:

Phone:

E-mail Address:

Type of Establishment: (please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Gas Station/Mini Mart | <input type="checkbox"/> Package/Liquor Store |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Retail Food Service | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Lounge/Bar |
| | <input type="checkbox"/> Other | |

If corporation or partnership, include Name, Title, Address and Phone # or partners

Name:

Title:

Home Address:

Phone:

State of Incorporation:

Name and address of local agent:

Note:

Randolph Board of Health Regulations require the following:

§III.A.1 states in part that "The minimum legal sales age (for tobacco and nicotine delivery products) in the Town of Randolph is established as 21 years of age.

Certification:

- I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.
- I have read the Randolph Board of Health Regulations and State Law regarding tobacco sales. I understand these laws and will require proper identification when a person appears to be under age 27 seeks to purchase tobacco products.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only

Date Received: _____

Fee Received: _____

Employee Statement Form(s) Received: _____

Permit #: _____